

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
U.S. MAIL BOX CENTER

Application No.	:	09/361,542
Applicant(s)	:	Douglas J. Dobrozsi
Filed	:	July 27, 1999
Title	:	Oral Liquid Mucoadhesive Compositions
TC/A.U.	:	1615
Examiner	:	L. Channavajjala
Conf. No.	:	5652
Docket No.	:	7247M
Customer No.	:	27752

APR 15 2005

AMENDMENT UNDER 37 CFR 1.111

Mail Stop Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 15, 2004 Office Action, please amend the above-identified application as follows and consider the accompanying remarks.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.

Procter & Gamble – I.P. Division

IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

ଶ୍ରୀମଦ୍ଭଗବତ

APR 13 2005

TO: Mail Stop Fee Amendment - United States Patent and Trademark Office

Fax No. (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 15, 2005, to the above-identified facsimile number.

John B. Cunningham (Signature)

FROM: Joan B. Cunningham

Fax No. (513) 622-3300 Phone No. (513) 622-3993

Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 11

- 1) Fee Transmittal – 1 pg
- 2) Amendment Under 37 CFR 1.111 – 6 pgs
- 3) Petition for Extension of Time – 1 pg
- 4) Terminal Disclaimer – 2 pgs
- 5)

Inventor(s): Douglas J. Dobrozsi
S.N.: 09/361,542
Filed: July 27, 1999
Docket No.: 7247M

Comments:

****Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004		Complete If Known	
		Application Number	09/361,542
		Confirmation Number	5652
		Filing Date	July 27, 1999
		First Named Inventor	Douglas J. Dobrozsi
		Examiner Name	L. Channavajjala
		Art Unit	1615
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 7247M	

METHOD OF PAYMENT			FEE CALCULATION (continued)																																									
<p>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>			<p>5. ADDITIONAL FEES</p> <table> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,020) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: Terminal Disclaimer</td> <td style="text-align: right;">(130.00) <input checked="" type="checkbox"/></td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input checked="" type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: Terminal Disclaimer	(130.00) <input checked="" type="checkbox"/>										
<u>Fee Description</u>	<u>Fee Paid</u>																																											
Extension for reply within 1 st month	(\$120) <input type="checkbox"/>																																											
Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>																																											
Extension for reply within 3 rd month	(\$1,020) <input checked="" type="checkbox"/>																																											
Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>																																											
Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>																																											
Information Disclosure Statement fee	(\$180) <input type="checkbox"/>																																											
37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>																																											
37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>																																											
Non-English specification	(\$130) <input type="checkbox"/>																																											
Notice of Appeal	(\$500) <input type="checkbox"/>																																											
Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>																																											
Request for oral hearing	(\$1,000) <input type="checkbox"/>																																											
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>																																											
Other: Terminal Disclaimer	(130.00) <input checked="" type="checkbox"/>																																											
<p>2. BASIC FILING FEE - Large Entity</p> <table> <thead> <tr> <th style="text-align: left;"><u>FILING</u></th> <th style="text-align: left;"><u>SEARCH</u></th> <th style="text-align: left;"><u>EXAMINATION</u></th> <th style="text-align: right;"><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td><u>Fee</u></td> <td><u>Fee</u></td> <td><u>Fee</u></td> <td></td> </tr> <tr> <td><u>Application Type</u></td> <td></td> <td></td> <td style="text-align: right;"><u>Fee Paid</u></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td style="text-align: right;">(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td style="text-align: right;">(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td style="text-align: right;">(\$600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td style="text-align: right;">(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>			<u>FILING</u>	<u>SEARCH</u>	<u>EXAMINATION</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		<u>Application Type</u>			<u>Fee Paid</u>	Utility	(\$300)	(\$500)	(\$200)				(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)				(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)				(Total = \$1400) <input type="checkbox"/>	Provisional filing fee			(Total = \$200) <input type="checkbox"/>		
<u>FILING</u>	<u>SEARCH</u>	<u>EXAMINATION</u>	<u>Fee</u>																																									
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>																																										
<u>Application Type</u>			<u>Fee Paid</u>																																									
Utility	(\$300)	(\$500)	(\$200)																																									
			(Total = \$1000) <input type="checkbox"/>																																									
Design	(\$200)	(\$100)	(\$130)																																									
			(Total = \$430) <input type="checkbox"/>																																									
Reissue	(\$300)	(\$500)	(\$600)																																									
			(Total = \$1400) <input type="checkbox"/>																																									
Provisional filing fee			(Total = \$200) <input type="checkbox"/>																																									
<p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p>			<p>SUBTOTAL (2)+(3) (\$) <input type="checkbox"/></p>																																									
<p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table> <thead> <tr> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee from Below</u></th> <th style="text-align: left;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater: For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p>			<u>Extra Claims</u>	<u>Fee from Below</u>	<u>Fee Paid</u>	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>			<p>SUBTOTAL (4) (\$) <input type="checkbox"/></p> <p>SUBTOTAL (5) (\$) <input type="checkbox"/> [1150]</p>																													
<u>Extra Claims</u>	<u>Fee from Below</u>	<u>Fee Paid</u>																																										
Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>																																												
Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>																																												
Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>																																												

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Joan B. Cunningham	Registration No. (Attorney/Agent)	43,962	Telephone (513) 622-3993
Signature	<i>Joan B. Cunningham</i>			Date April 15, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT send to the above address. CLOUD FLARE © 2015 Cloudflare, Inc.